



CALIFORNIA STATE ATHLETIC COMMISSION

1424 HOWE AVENUE, SUITE 33, SACRAMENTO, CA 95825-3217 (916) 263-2195 FAX (916) 263-2197
 5757 WEST CENTURY BLVD., GF-16, LOS ANGELES, CA 90045 (310) 641-8668 FAX (310) 641-8516



2003 PROMOTER APPLICATION (Original)

PROFESSIONAL PROMOTER LICENSE – FEE \$1,000

AMATEUR PROMOTER LICENSE – FEE \$250

☐ 2 Photos (2"X2") ☐ Copy of Form BCII 8016 ☐ Financial Statement

☐ Personal Resume ☐ Bond / Assignment of Savings Account

☐ Articles of Incorporation / Minutes (if applicable)

Indicate Type of License: ☐ Boxing ☐ Martial Arts

Office Use Only

Amt Rec'd: _____ Receipt #: _____ License

#: LC

License #: AC _____

Approved for Temp License: _____

Recommend for Approval: _____

1. NAME OF APPLICANT: _____	2. PLEASE CHECK APPROPRIATE BOX: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
3. DOING BUSINESS AS (Name of Club): _____	3. Social Security Number or FEIN(S): (If applicant is sole proprietor or partnership--does not apply to corporation) _____
4. BUSINESS ADDRESS: _____	5. BUSINESS PHONE #: _____ HOME PHONE #: _____ FAX PHONE #: _____

6. IF THE PROMOTER IS A CORPORATION, COMPLETE THE FOLLOWING FOR THE OFFICERS:

NAME:

ADDRESS:

PHONE NUMBER:

PRESIDENT: _____

VICE-PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

DIRECTORS OR _____

TRUSTEES: _____

SHAREHOLDERS NOT NAMED WHO OWN 10% OR MORE OF SHARES: _____

NUMBER OF SHARES OF CORPORATION: _____ DATE OF INCORPORATION: _____ WHERE WAS CERTIFICATE FILED: _____

(Attach Articles of Incorporation, Bylaws and Minutes from first meeting designating officers and the Partnership Agreement)

7. IF THE PROMOTER IS A PARTNERSHIP, LIST ALL GENERAL AND LIMITED PARTNERS:

NAME:

SSN/FEIN:

8. NAME OF MATCHMAKER: _____

If promoter applicant is planning to act as matchmaker, list matchmaking experience: _____

DOES MATCHMAKER OWN A PART OF THE CLUB/PROMOTION (e.g. shareholder, partner, etc.): ☐ Yes ☐ No

If answer is Yes, what interest does he/she own? _____

GIVE DETAILS OF FINANCIAL AGREEMENTS WITH YOUR MATCHMAKER: State whether he/she receives a flat salary or percentage of net profit or gate receipts. If he/she is under contract to the club, submit a copy of the contract.

9. LIST NAMES AND ADDRESSES OF ALL PERSONS CONNECTED WITH YOU AS A PROMOTER (other than as employees) AND OF ALL FINANCIAL BACKERS OF YOUR CLUB AND DESCRIBE THEIR CONNECTION OR RELATIONSHIP TO YOU AND FINANCIAL ARRANGEMENTS WITH THEM. If there is a contract file a copy. LIST ALL SHAREHOLDERS, BONDHOLDERS, MORTGAGEES AND ANY OTHER PERSON WHO IS CONNECTED WITH YOUR CLUB (other than as an employee) OR WHO HAS AN OWNERSHIP INTEREST IN YOUR CLUB OR WHO WILL SHARE, DIRECTLY OR INDIRECTLY, IN THE PROCEEDS OR PROFITS OR BEAR ANY OF THE LOSSES IN CONNECTION WITH THE MANAGEMENT, OPERATION OR CONDUCT OF THE CLUB/PROMOTER. List all persons on reverse side.

(Please Complete Other Side)

9. (con't.) LIST ALL NAMES AND ADDRESSES AS OUTLINED ON THE PREVIOUS PAGE:

10. I AGREE TO PROMPTLY ADVISE THE COMMISSION IN WRITING OF ANY CHANGE IN THE LIST OF PERSONS NAMED ABOVE WHO MAY HAVE A FINANCIAL INTEREST IN THE CLUB/PROMOTER OR IN THE LEGAL ORGANIZATION OF THE CLUB/PROMOTER.

11. FINANCIAL REFERENCES: Give three (3) references. (Include bank reference.)

NAME	ADDRESS	PHONE NUMBER
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12. DOES ANY BOXER, MANAGER, OR OTHER BOXING PARTICIPANT HAVE A FINANCIAL INTEREST IN THE CLUB/PROMOTER OR IN ANY OF ITS PROMOTIONS, OR IS ANY SUCH INDIVIDUAL UNDER ANY CONTRACTUAL OBLIGATION TO THE CLUB/PROMOTER? ☐ Yes ☐ No (If answer is Yes, indicate individuals name(s) and explain: _____)

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13. HAS ANY INDIVIDUAL, DIRECTOR, OFFICER, OR PARTNER APPLYING FOR THIS PROMOTER LICENSE EVER PREVIOUSLY APPLIED FOR OR OBTAINED A PROMOTER LICENSE IN THE STATE OF CALIFORNIA? ☐ Yes ☐ No If Yes, when: _____

14. HAS ANY PERSON APPLYING FOR THIS PROMOTER LICENSE (INCLUDING OFFICERS OR PRINCIPAL STOCKHOLDERS) EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? ☐ Yes ☐ No (You must answer Yes even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside or pardoned under Section 1203.4 of the Penal Code.)

If answer is Yes, explain and attach copy of conviction: _____

15. HAS ANY PERSON APPLYING FOR THIS PROMOTER LICENSE EVER BEEN DENIED, DISCIPLINED, FINED, SUSPENDED OR REVOKED BY ANY ATHLETIC COMMISSION? ☐ Yes ☐ No If answer is Yes, explain: _____

16. IF YOU ARE AN AMATEUR PROMOTER APPLICANT, ARE YOU A NON-PROFIT ORGANIZATION? ☐ Yes ☐ No If answer is Yes, provide certified copies of documents that you have filed with the Secretary of State and the Registry of Charitable Trusts (Dept. of Justice).

17. HAS ANY INDIVIDUAL APPLYING FOR THIS PROMOTER'S LICENSE EVER USED ANY OTHER NAME(S)? ☐ Yes ☐ No If answer is Yes, list name(s): _____

Authority to provide the Commission with information requested on this application is established pursuant to Sections 18640, 18641, 18660 and 18665 of the Business and Professions Code. This information is mandatory and will be used to determine if the applicant meets the requirements for licensure. **Failure to provide the mandatory information will result in denial of license.** The Executive Officer of the Athletic Commission is the official responsible for records and who shall, upon request, inform an individual regarding the location of his/her records and the categories of any persons who use the information in those records. Each individual has a right to access of his/her records under the Information Practices Act. Disclosure of your social security number (or Federal Employer Identification Number (FEIN), if you are a partnership, is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your social security number or your FEIN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

I/We certify under penalty of perjury under the laws of the State of California, that all answers have been completed by me/us and are true to the best of my/our knowledge. I/We understand and agree that any misstatement of a material fact in this application will constitute grounds for denying or revoking the promoter license I/we are applying for. I/we hereby agree to keep books, records and accounts, in a business like manner and that said books, records and accounts, including all canceled checks, will be made available to the Commission and authorized employees of the Commission for their examination.

SIGNATURE(S) AND ADDRESS(ES) REQUIRED:

Sole Proprieter - The real party in interest
Partnership - All general partners
Corporation - President and agent for Service of Process

SIGNATURE:	Phone Number	Date
LEGAL ADDRESS: Number and Street	City	State Zip Code
SIGNATURE:	Phone Number	Date
LEGAL ADDRESS: Number and Street	City	State Zip Code